

Name _____

Withholding
Account No. _____

UC Account
No. _____

Period
Covered _____

040852200

FORM 941/C1-ME LOOSE

Part Four - Quarterly Unemployment Contribution Wage & Income Tax Withholding Listing

All employers designated Seasonal by the Department of Labor, see instructions for column 16 on page 8 of the booklet.

14. Employee Name (Last, First, MI) 15. Social Security Number 16. Unemp Comp Gross Wages Pd 17. Seasonal?

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

d. _____ \$ _____

e. _____ \$ _____

f. _____ \$ _____

g. _____ \$ _____

h. _____ \$ _____

i. _____ \$ _____

j. _____ \$ _____

k. _____ \$ _____

l. _____ \$ _____

m. _____ \$ _____

n. _____ \$ _____

o. _____ \$ _____

p. _____ \$ _____

q. _____ \$ _____

r. _____ \$ _____

s. _____ \$ _____

t. _____ \$ _____

u. _____ \$ _____

v. _____ \$ _____

w. _____ \$ _____

INCOME TAX
WITHHELD

17. ME Income Tax Withheld in Qtr

18. Total on this page a. _____ b. _____

19. Total for ALL pages a. _____ b. _____